

IPSVS (Intimate Partner and Sexual Violence Survey)		
IN THE PAST 3 MONTHS, how often did your partner or spouse do each of the following things?		
Instructions: Please circle Yes or No in response to each question.	This happened in past 3 months	
1. Your partner acted very angry towards you in a way that seemed dangerous?	YES	NO
2. Your partner told you that you were a loser, a failure, or not good enough?	YES	NO
3. Your partner called you names like ugly, fat, crazy, or stupid?	YES	NO
4. Your partner insulted, humiliated, or made fun of you in front of others?	YES	NO
5. Your partner told you that no one else would want you?	YES	NO
6. Your partner tried to keep you from seeing or talking to your family or friends?	YES	NO
7. Your partner made decisions for you that should have been yours to make, such as the clothes you wear, things you eat, or the friends you have?	YES	NO
8. Your partner kept track of you by demanding to know where you were and what you were doing?	YES	NO
9. Your partner made threats to physically harm you?	YES	NO
10. Your partner threatened to hurt him or herself or commit suicide when he or she was upset with you?	YES	NO
11. Your partner threatened to hurt a pet or threatened to take a pet away from you?	YES	NO
12. Your partner threatened to hurt someone you love?	YES	NO
13. Your partner threatened to take your children away from you?	YES	NO
14. Your partner kept you from leaving the house when you wanted to go?	YES	NO
15. Your partner kept you from having money for your own use?	YES	NO
16. Your partner destroyed something that was important to you?	YES	NO
17. Your partner said things like "If I can't have you, then no one can"?	YES	NO
18. Your partner tried to get you pregnant when you did not want to become pregnant; or tried to stop you	YES	NO

from using birth control?		
19. Your partner refused to use a condom when you wanted them to use one?	YES	NO
20. Your partner slapped you?	YES	NO
21. Your partner pushed or shoved you?	YES	NO
22. Your partner hit you with a fist or something hard?	YES	NO
23. Your partner kicked you?	YES	NO
24. Your partner hurt you by pulling your hair?	YES	NO
25. Your partner slammed you against something?	YES	NO
26. Your partner tried to hurt you by choking or suffocating you?	YES	NO
27. Your partner beat you?	YES	NO
28. Your partner burned you on purpose?	YES	NO
29. Your partner used a knife or gun on you?	YES	NO
30. Your partner grabbed you.	YES	NO

Lethality – Danger Assessment

31	Has the violence increased in frequency/severity in the past 6 months?	YES	NO
32	Has s/he ever choked you?	YES	NO
33	Do you believe s/he may kill you?	YES	NO
34	Do you feel safe at home?	YES	NO